## XIV. NURSING FACILITY CARE FOR OLDER AND DISABLED ADULTS

Current Facilities:
Funding Sources Taken by each:
# Residents Served Last Fiscal Year by each:
Avg. Cost per Day (for each funding source) for each:

A. EXISTENCE					
Are these services available to older and					
disabled adults in your community?					
1. Does your community have at least one nursing facility?	Yes	3		N	Vo
2. Does your community have at least one for-profit nursing	Yes	3		N	lo
facility?					
3. Does your community have at least one not-for-profit	Yes	3		N	ol
nursing facility?					
4. If there are "no" answers to any of the above questions, are	Yes	3		N	Vo.
there nursing facilities in neighboring					
communities/counties that could provide services to your					
community's residents as needed?					
OVERALL EXISTENCE RATING	1	2	3	4	5

	B. ADEQUACY					
	Are these services in sufficient supply for those who	need	l it?			
1.	Is there a waiting list to get a bed in the nursing facilities in your community?	Ye	es		]	No
	If so, how many people are waiting and what is the average waiting time?					
	Why is there a waitlist (ex. lack of funding, no provider)?					
	(How many people are on the waiting list? If there is no one on the waiting list, is it because everyone who needs services receives service, because facilities don't keep waiting lists, etc.? How many nursing facility beds are available? What is the number of beds per 1,000 older and disabled adults? How does this compare to the state average and similar county ratios?)					
2.	If there is a waiting list, how acceptable is the average waiting time?	1	2	3	4	5
	(How long is the average wait for a bed in a nursing facility? Is this wait time different for people being discharged from a hospital vs. people entering from the community? How many people on the waiting list in the past year died before a bed was available? How many people on the waiting list were forced to find alternative arrangements before a bed was available?)					
3.	How adequate is the number of nursing facilities in your community to serve all needing institutional care?	1	2	3	4	5
	(How many nursing facility beds are available? What % of beds are vacant? Are the nursing facilities operating at close to full capacity? What is the % of vacant beds for specialized populations, such as subsidized residents, residents with Alzheimer's Disease, etc.?)					
4.	To what extent can the nursing facilities in your community provide services and accommodations for residents with Alzheimer's Disease and other dementias?	1	2	3	4	5
	(What % of your community's nursing home beds are devoted to people with Alzheimers or other dementia? What is the ratio of beds devoted to Alzheimers and other dementia to the number of citizens with Alzheimers and related dementia in your community? How does this ratio compare to the state ratio and ratios in similar counties? What distinguishes beds devoted to residents with					

dementia from others? Are there special services/activities? Higher staff to patient ratios?)					
5. To what extent can the nursing facilities in your community	y 1	2	3	4	5
provide services and accommodations for residents needin	g				
dialysis and other intensive healthcare services?					
6. To what extent can the nursing facilities in your communit	y   1	2	3	4	5
provide institutional respite care for caregivers?					
(Is respite available? Is there a waiting list? How often has it been					
used in the past year? How much does respite cost? Do any funders					
provide financial assistance?					
7. To what degree do the nursing facilities in your community	1	2	3	4	5
work with hospices to provide end-of-life care to residents	?				
(What are the working/formal relationships between hospice agencies	s				
and the nursing homes in your community?)					
OVERALL ADEQUACY RATING	1	2	3	4	5

C. ACCESSIBILITY							
How obtainable are these services for those most in	nee	<u>d?</u>					
1. To what extent do older and disabled adults and their caregivers know about nursing facilities in your community?	1	2	3	4	5		
(What public information, PSA's and other approaches have been used to publicize/educate the public about nursing homes? What % of residents were self- or family-referred? What proportion of self- or family-referrals were appropriate?)							
2. To what extent do key referral sources know about the nursing facilities in your community?	1	2	3	4	5		
(What approaches have been used to publicize/educate key referral sources about nursing homes? What % of residents were referred by key referral sources? What proportions of these referrals were appropriate?)							
3. To what degree do the nursing facilities' physicians and medical directors have privileges at local hospitals?	1	2	3	4	5		
4. To what extent do nursing facilities work with hospital discharge planners to ensure easy transition from the hospital to a nursing facility as well as appropriate referrals?	1	2	3	4	5		
(What formal arrangements do nursing homes have with hospitals and other in-patient settings with respect to discharge planning? Are there hospital discharge logs to see who was discharged to a nursing home?)							
5. To what extent is nursing facility care affordable to everyone in your community who needs assistance?	1	2	3	4	5		
(How many subsidized beds are available? What is the % of nursing home beds that are subsidized? How does the % compare to the state average and similar counties? What is the number of subsidized slots per 1000 older and disabled adults in your community living in poverty? How does this number compare to the state and similar counties?)							
6. To what degree are the facilities' physical locations accessible to people with disabilities?	1	2	3	4	5		
(What modifications have been made to nursing homes to make them							

more accessible? Are all nursing facilities handicap-accessible? Are facilities on public transportation routes?)					
7. To what degree is the admissions process user-friendly for older and disabled adults and their families?  (How long does it take for an average person to complete the application process? What % of people need assistance completing the process? What help is available to assist people with the process?)	1	2	3	4	5
OVERALL ACCESSIBILITY RATING	1	2	3	4	5

D. EFFICIENCY AND DUPLICATION OF SERVICES										
	How reasonable are the costs of services?									
	Are options for streamlining services available in the community?									
1.	If there are multiple nursing facilities in your community, to what extent are the costs of services comparable?	1	2	3	4	5				
	(How nursing facility slots are in the low, middle and expensive categories? How does this compare to nursing facilities across the state and in similar counties? What is the difference in cost between the highest and lowest cost for nursing facility care?)									
2.	How reasonable are the service costs in your community?	1	2	3	4	5				
	(What is the median cost for nursing facility care in your community? How does this compare to the state and similar counties?)									
3.	How reasonable are the administrative costs of providing nursing facility care?	1	2	3	4	5				
	(What % of each facilities' budgets are administrative expenses? Does this seem reasonable?)									
4.	If there are multiple providers, to what extent do they work together to better serve residents and their families and accomplish joint projects?	1	2	3	4	5				
	(What cooperative arrangements do these facilities have to work together? For example, do they share costs or space to make training available to CNAs? Do they share transportation to take residents to dialysis or other therapies administered off-site? How many belong to associations or workgroups?)									
5.		1	2	3	4	5				
	(What are the policies, rules and regulations governing screening and admissions for subsidized and non-subsidized facilities? Do the client populations appear appropriate? If an applicant does not qualify for nursing facility care, or is a poor fit for the facility, are referrals made to more appropriate levels of care? If so, what % of applicants are referred elsewhere?)									
6.	To what extent do the nursing facilities utilize cost-savings practices such as volunteer labor and/or donated spaces?  (What % of each facilities total budget comes from these sources?)	1	2	3	4	5				

OVERALL EFFICIENCY AND DUPLICATION RATING	1	2	3	4	5

E. Equity	rithor	nt h			
How available are these services to all who need them w	T	ut bi		1	_
1. To what extent is nursing facility care available within a	1	2	3	4	5
reasonable distance to all geographic areas in your					
community?					
(Are there any areas in your community that are not within 20 miles					
of a facility? What % of residents have family members or friends who live within 20 miles of the facility?)					
2. To what degree is nursing facility care available to all	1	2	3	4	5
populations in your community without bias?	1	_	3	-	5
populations in your community without olds.					
(What are the % breakdowns of age, race, sex and disability of					
residents? Are all groups fairly represented compared to the general					
older and disabled adult population is your community (e.g. number					
of African-American residents in facilities ÷ number of older and					
disabled African Americans adults in county)? How do these %'s					
compare to the state average and similar counties?)	1		2		
3. To what extent do nursing facilities in your community	1	2	3	4	5
accept all forms of payment - i.e. Medicaid, Medicare,					
private insurance, private pay, etc.?					
(What % of beds are Medicare/Medicaid certified? What % of beds					
are solely for private pay residents or residents with private					
insurance? How do these %'s compare to state averages and similar					
counties?)					
4. To what extent do nursing facilities in your community	1	2	3	4	5
accept residents whose care is paid for through the					
State/County Special Assistance Program for Adults?					
(What % of residents receive state/county special assistance? How					
does this % compare to the state average and similar counties?)					
5. To what extent do nursing facilities treat consumers	1	2	3	4	5
supported by public programs the same as private pay					
consumers?					
(What are the staff resident ratios, staff salaries and room					
accommodations among facilities serving subsidized vs. private pay					
residents? Are there more amenities or services in private pay					
facilities? Do facilities that primarily serve subsidized people have					
more complaints?)					ļ

6. If there is a waiting list, how sufficient is the system in place for prioritizing consumers in terms of need?	1	2	3	4	5
(What are the policies, rules and procedures for prioritizing persons on the waiting list?)					
7. How sufficient are the nursing facilities' nondiscrimination policies?	1	2	3	4	5
(What are the policies, rules, procedures regarding discrimination? Do they conform to state and federal laws? How are residents and staff informed and educated about the nondiscrimination policy?)					
OVERALL EQUITY RATING	1	2	3	4	5

	F. Quality/Effectiveness	oma!		1,,0		
1	How successful are these services in addressing consum	ers				
1.	To what extent is information available to the general public on the quality of care provided in nursing facilities in your community?	1	2	3	4	5
	(What efforts have been made to publicize and educate the general public and target populations about nursing facility quality? Do I&A providers, other members of the Aging and Disabled adult networks, and Adult Services social workers in the county DSS have any information about quality in specific facilities that is available to the general public upon request? If so, what?)					
2.	Have nursing facilities in your community had deficiencies cited in their inspection visits?  (What were the number and types of deficiencies?)	Y	es			No
3	(What were the number and types of deficiencies?)  If deficiencies were cited, to what extent have they been	1	2	3	4	5
3.	rectified?	1	۷	3	4	3
	(Were deficiencies addressed in a timely manner? Was the deficiency case "closed"?)					
4.	Have there been complaints lodged with any public entities against the facilities by residents or their families?	Y	es		]	No
	(What are the number and types of complaints made to county and state agencies? How many have been substantiated? What is the number of complaints per 1,000 residents and how does this compare to state rates and rates in similar counties?)					
5.	To what degree are resident's rights posted in nursing facilities and/or shared with residents and their caregivers during admission?	1	2	3	4	5
6.	To what extent are listings of local and state resources, such as the LTC Ombudsman Program, Governor's Advisory Council for Persons with Disabilities, NC CARELINE, etc. readily available to residents in nursing facilities?	1	2	3	4	5
	(Are lists of these resources given to consumers and their family members at admission? Are they posted somewhere in the facility where both residents and their families are able to get easy access to them?)					
7.	To what extent do Resident Councils' suggestions guide the	1	2	3	4	5

policies and operations of nursing facilities in your community?  (Have facilities acted on Resident Council recommendations during the past year? How often to the councils meet? Who is on the					
Resident Council? How are members chosen?)					
8. To what extent do nursing facilities in your community	1	2	3	4	5
have special quality assessment or improvement efforts underway?					
(What process, QA, and outcome evaluations have been undertaken in the past 5 years?)					
9. To what extent do the nursing facilities survey residents	1	2	3	4	5
and their families to determine satisfaction with services?					
(Have residents and/or their family members been surveyed in the past 5 years? If so, what process was used? What were the major findings?)					
10.To what extent do the facilities act on consumers' feedback?	1	2	3	4	5
(What policy or program changes have been made as a direct result of client feedback?)					
11. How sufficient is the complaint resolution process when	1	2	3	4	5
complaints are made directly to the facility?					
(What is the complaint resolution process? How often is it used? What has been the nature of the complaints over the past five years? Have there been any unresolved complaints in the past five years? What proportion of complaints in the past five years resulted in complaints to other agencies?)					
12. To what extent are complaints considered during planning,	1	2	3	4	5
program development, or quality improvement efforts?					
(What policy or program changes have been made as a direct result of complaints?)					
13. How sufficient are the ancillary services (e.g.	1	2	3	4	5
transportation, social activities, hairdressing, etc.) offered by nursing facilities in your community?					
(What ancillary services are important to residents in your community? What % of facilities offer each of these selected					

OVERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5
(What is the average length of stay? How does it compare to state averages and similar counties? What types of therapy are offered?)					
in the resident's care plan)?					
community as soon as possible (if that is an attainable goal					
rehabilitating and returning residents back to the					
18.To what extent are nursing facilities committed to	1	2	3	4	5
(How many planned community events occurred in the facilities in the past year? What types of community events occurred? What % of residents generally participate? Are facilities located on public transportation routes?					
interaction/involvement with residents?					
responses been?)  17.To what extent do nursing facilities encourage community	1	2	3	4	5
(What programs and policies have been designed to improve quality of life beyond being kept clean and fed? What have residents'					
16.To what extent do nursing facilities promote a positive quality of life for residents?	1	2	3	4	5
(Is there facility representation at county planning meetings and other such events?)					
unmet needs to county commissioners, planning bodies, and other agencies?					
15.To what extent do nursing facilities regularly communicate	1	2	3	4	5
14. To what degree do nursing facilities honor cultural differences?  (What % of facilities have at least one posted event of cultural meaning to ethnic/cultural groups represented in the facility, such as African American, Native American, Asian, Hispanic or Jewish holiday celebrations, music, food, or crafts? What different cultural groups do facilities serve and what kinds of special activities are planned? Are staff trained to be sensitive to cultural differences? Are staff representative of different cultural groups? Are staff trained to deal with cultural insensitivity on the part of residents directed towards other residents or themselves?)	1	2	3	4	5
ancillary services? How does this % compare to the state average and similar counties?)					

Recap of Overall Nursing Facility Ratings									
Existence	1	2	3	4	5				
Adequacy	1	2	3	4	5				
Accessibility	1	2	3	4	5				
Efficiency and Duplication	1	2	3	4	5				
Equity	1	2	3	4	5				
Quality/ Effectiveness	1	2	3	4	5				

## **Nursing Facilities' Major Strengths:**

## **Identified Barriers and Areas for Improvement:**